

**BOARD OF PUBLIC WORKS AND SAFETY**  
**Agenda Request Form**

(Form B-01-2012)

*Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.*

<b>Date Submitted:</b>	12-17-15	<b>Meeting Date:</b>	1-11-16
<b>Contact Information:</b>			
<b>Requested by:</b>	Chip Orner, Parks Superintendent		
<b>On Behalf of Organization or Individual:</b>			
<b>Telephone:</b>	317-736-3689		
<b>Email address:</b>	Corner@franklin.in.gov		
<b>Mailing Address:</b>	70 E Monroe St, Franklin, IN 46131		
<b>Describe Request:</b>			
Credit application for Interstate Billing Service-Receiveables for Bobcat of Indy			
<b>List Supporting Documentation Provided:</b>			
Credit Application			
Letter from Interstate Billing Service			
<b>Who will present the request?</b>			
<b>Name:</b>	Chip Orner, Parks Superintendent	<b>Telephone:</b>	317-736-3689

*In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.*



# INTERSTATE BILLING SERVICE, INC

P.O. BOX 2250 – DECATUR, AL 35609

Phone: 800-332-9140 (ext 3032)

Fax: (256) 260-0046

Email: ibs\_credit@bibank.com

\*Dealer # 887/889/890/891

Is Customer Waiting? Yes / No

Date Needed / /

If Sale Pending \$

Reply to

Phone ( ) -

## CREDIT APPLICATION

Trade Name \_\_\_\_\_ Legal Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address (5yr minimum) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Site Address \_\_\_\_\_ Job Site Phone # ( )

Phone# ( ) - Fax# ( ) - Cell Phone# ( ) - Social Security # - -

Email address \_\_\_\_\_ Website \_\_\_\_\_

Please select one: ☐ Proprietorship ☐ Partnership, LP or LLP ☐ LLC ☐ Corporation State of Incorporation/formation \_\_\_\_\_

Have you ever filed BANKRUPTCY? Yes / No When? \_\_\_\_\_ Fed ID# -

Business start date / / Estimated Monthly Credit Requirement \$

If applicable, what is the current number of trucks in fleet or operation \_\_\_\_\_ DOT #: \_\_\_\_\_

Home Office/Parent Co. \_\_\_\_\_ City/State \_\_\_\_\_ Name and title of person to contact \_\_\_\_\_

Company Principals \_\_\_\_\_ Title \_\_\_\_\_

Additional Principals \_\_\_\_\_ Title \_\_\_\_\_

Purchase Orders required? Yes / No Authorized person(s) to issue P.O. \_\_\_\_\_

Annual revenues \$ \_\_\_\_\_ Year of reported revenues \_\_\_\_\_ Fiscal Year End (ex 12/31 or 06/30) \_\_\_\_\_

Credit guidelines are based on information received from bank(s) and references. Please provide your largest 30-day trades or unsecured creditors. Please list references related to your type business or industry. ***If trade sheet and/or financial statement can be provided, please forward with credit application.***

Bank Name & Branch \_\_\_\_\_ City/State \_\_\_\_\_ Account# \_\_\_\_\_

Bank Officer in charge of account \_\_\_\_\_ Email Address \_\_\_\_\_ Phone ( ) -

Company	City	State	Phone	Fax	Email

The above information is given for the purpose of obtaining credit. I/We warrant that all of the information is true. We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms. I/We hereby authorize all of the persons or companies names in the application to release to interstate Billing Service, Inc. (IBS), or its representatives, such information with regard to my/our financial condition as may reasonably have a bearing on this application. I/We authorize IBS to obtain a consumer credit report on my/our personal credit history if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. I/We understand a personal guaranty may be required. If I/We refuse to sign this application, I/We will not be considered as a candidate for credit with IBS. A credit guideline may be established at our discretion. Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance, as allowed by state law, and any reasonable attorney's fees. We agree not to assert any claims or defenses against the accounts purchased by you from any dealer including right of offset for invoices purchased by IBS. Receipt of payment acknowledges agreement to the terms and conditions set forth by IBS. This agreement shall be governed by and construed according to the laws of the State of Alabama. I/We submit to the jurisdiction of any Alabama State or Federal Court sitting in the Northern District of Alabama over any action arising hereunder and agree that all claims will be brought in such Alabama State of Federal Court. I/We further waive any objection on the basis of forum non-conveniens. As required by Section 4107(d) (2) of the Small Business Jobs Act of 2010, applicant hereby certifies to IBS and its affiliates that the principals of applicant and its affiliates have not been convicted of, or pleaded *nolo contendere* to, a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act (42 U.S.C. 16911)). Nothing in the Section shall affect the right of IBS to bring any conditions set forth by IBS. Your account has been **assigned** to IBS. Make checks payable to the vendor(s). Please **mail all payments** c/o Interstate Billing Service, PO Box 2208, Decatur, AL 35609-2208. Payment terms will be reflected on the monthly statement and/or invoice. If your business should sell or close, it is the applicants' responsibility to advise IBS immediately. The undersigned represents and warrants that he/she is authorized to request credit for the company and sign/submit this application.

With which vendor do you wish to charge? #887-Bobcat of Indy / #889-Bobcat of Anderson / #890-Bobcat of Indy North / #891-Bobcat of Bloomington  
(Application will apply to any additional IBS dealers that your company should charge with now or in the future)

Signature \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

The undersigned (whether one or more, the "Guarantor") individually, jointly, severally, absolutely, independently, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Interstate Billing Service, Inc. including reasonable attorney's fees. This guaranty applies to any and all debts owed to IBS.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Social Security # - - DOB / /

Social Security # - - DOB / /

Date / /

Date / /



# INTERSTATE BILLING SERVICE, INC

1025 Fifth Avenue SE : PO Box 2250 : Decatur, Alabama 35609-2250  
800.223.9146 : 256-260-1750 interstatebilling.com

Cash flow simplified.

November 20, 2015

Dear Valued Customer,

Interstate Billing Service is pleased to have been selected as the accounts receivable billing provider for Bright Equipment, Inc. dba Bobcat of Indy, Bobcat of Anderson, Bobcat of Indy North, Bobcat of Bloomington and we're looking forward to working with you.

*If you have outstanding invoices due to Bobcat of Indy, Bobcat of Anderson, Bobcat of Indy North, Bobcat of Bloomington., IBS has purchased them. You may still make checks payable to Bobcat of Indy, Bobcat of Anderson, Bobcat of Indy North, Bobcat of Bloomington, but you should mail the payments to IBS at the address below.*

On the last business day of each month, **we will send you a monthly statement.** Please detach the remittance portion of your statement and return it to us with your check made payable to either Bobcat of Indy, Bobcat of Anderson, Bobcat of Indy North, Bobcat of Bloomington including this remittance slip and noting your unique IBS account number on your check will ensure timely and accurate posting of your payment.

Your IBS statement will not include copies of individual invoices. However, **you may access your statements and invoice copies online** through the IBS Customer Connect online service 24 hours a day, 7 days a week. You may also call or email an IBS customer service representative for assistance. IBS contact information is provided below.

Because of your longstanding relationship with (Dealer) we have automatically established a free 30 day charge account for you at IBS. So that we can be sure we have your most up-to-date information and sufficient available credit for your future needs, **we've enclosed a credit application.** Please complete the application as soon as possible and return it to IBS. If you'd prefer, you may also complete an online application on the IBS website.

Since 1984, IBS has provided the best customer service in the business by phone, mail, and online. Our team of professionals currently accommodates over 400 dealerships across the county, so feel free to use your account at any of these participating locations! Please keep the following information at hand to contact us:

IBS Remittance Address:	P.O. Box 2208 Decatur, AL 35609-2208
IBS Customer Service:	(800) 332-9140
IBS Email for Invoice Requests:	ibsrequest@bibank.com
IBS Website:	www.interstatebilling.com

We appreciate your cooperation throughout this transition and look forward to the opportunity to serve the future needs of your business.

Sincerely,

**Interstate Billing Service, Inc.**

*\*All invoices have been purchased by and assigned to IBS. Receipt of payment acknowledges agreement to the terms and conditions set forth by Interstate Billing Service, Inc.*